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## Loudoun County, Virginia

www.loudoun.gov



Department of Family Services 102 Heritage Way, N.E., Suite 103, Leesburg, VA 20176-4544 (703) 777-0353 • Fax: (703) 737-8411

Date of Request:

To Report Child Abuse and Neglect (703) 771-KIDS

## AFFORDABLE MARKET PURCHASE PROGRAM (AMPP) REQUEST FOR VERIFICATION OF EMPLOYMENT

## TO BE COMPLETED BY EMPLOYEE PLEASE COMPLETE ALL BLANKS WITH REQUESTED INFORMATION:

В.	Place of Employment:		
C.	Name of Applicant:		
D.	Social Security Number:		
E.	Address of Applicant:		
F.	Authorization: I hereby authorize re Falsification of any item by any personull and void.		•
	SIGNATURE OF APPLICANT		DATE
	TO BE COMPLETE PLEASE COMPLETE ALL BLANKS V	_	PRMATION:
A.	Position Held:		
В.	Dates of Employment:	to	
C.	Termination Date:		
D.	Rate of Base Pay: Hourly	Monthly	Annually
	Number of hours worked per week: _		
E.	Overtime:Rate of Pay	Hou	rs Worked Per Week

	Number of hou	irs worked last two	2) months:
F.	Commissions:	Current	Projected
		Past Month	Past Two (2) Month
G.	How often is er	nployee paid?:	
Н.	_	n supplied on this	document is furnished in strict confidence,
H.	The information	n supplied on this	
H.	The information response to you	n supplied on this ur request.	document is furnished in strict confidence,